



Post Event Evaluation

Event Name: _____ **Date of Event:** _____

Please rate each of the following questions from Excellence to Poor or mark N/A if the function or service was not applicable to your event. Please return your completed form events@mobilecivicctr.com or mail to: Arthur R. Outlaw Mobile Convention Center, Attn: Romona Fletcher, 1 South Water Street, Mobile, AL. 36602 or fax to (251) 208-2150.

	Excellent	Very Good	Good	Fair	Poor
Building Services					
Public Spaces	_____	_____	_____	_____	_____
Theater	_____	_____	_____	_____	_____
Expo Hall	_____	_____	_____	_____	_____
Theatre	_____	_____	_____	_____	_____
Meeting Rooms	_____	_____	_____	_____	_____
Restrooms	_____	_____	_____	_____	_____
Exterior	_____	_____	_____	_____	_____
Building Personnel					
(Event Staff, Security, Custodians)					
Attitude	_____	_____	_____	_____	_____
Responsiveness	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____
(Event Management)					
Knowledge	_____	_____	_____	_____	_____
Responsiveness	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____
(Sales/Marketing)					
Knowledge	_____	_____	_____	_____	_____
Responsiveness	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____
Food and Beverage					
Service Quality	_____	_____	_____	_____	_____
Presentation	_____	_____	_____	_____	_____
Food Quality	_____	_____	_____	_____	_____
Selection/Variety	_____	_____	_____	_____	_____
Value	_____	_____	_____	_____	_____
Personnel Responsiveness	_____	_____	_____	_____	_____
Event Set Up					
Accuracy	_____	_____	_____	_____	_____
Timeliness	_____	_____	_____	_____	_____
Organization	_____	_____	_____	_____	_____
Overall Rating	_____	_____	_____	_____	_____

Comments: